



gfw

PATENT APPLICATION
MP1454-US10

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of) Group Art Unit: 2832
GRAVES ET AL)
Application No. 10/721,478) Examiner: K. Easthom
Filed: November 25, 2003)
For: ELECTRICAL DEVICES) TYCO ELECTRONICS CORPORATION
300 Constitution Drive
Menlo Park, CA 94025
June 17, 2005

REPLY TO RESTRICTION REQUIREMENT

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

This paper is filed in reply to the Office Action mailed March 17, 2005. An extension of two (2) months for reply is requested; please charge the fee for this extension (\$450) to Deposit Account No. 18-0560. Any deficiency or overpayment should be charged or credited to this deposit account. Reconsideration, re-examination, and allowance are respectfully requested in view of the Remarks below.

Restriction Requirement and Election of Species

Applicants elect, without traverse, the claims of Group I, i.e. claims 1-14, 16-23, and 25, for prosecution in this application, and elect, within this Group, species 2, i.e. claim 21-23 and 25 for prosecution. Applicants believe that claims 21-23 and 25 are readable on the elected species.

06/21/2005 ZJUHHARI 00000014 180560 10721478
01 FC:1252 450.00 DA

CERTIFICATE OF MAILING UNDER 37 CFR §1.8

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to the Assistant Commissioner for Patents, Washington, DC 20231, on the date shown below:

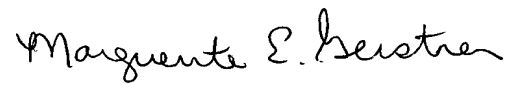
Name of person signing certificate: Marquerite E. Gerstner

Signature: Marquerite E. Gerstner Date: June 17, 2005

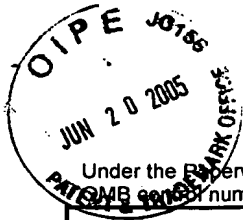
Conclusion

The Examiner is asked to call the undersigned if there are any questions.

Respectfully submitted,

A handwritten signature in cursive script, reading "Marguerite E. Gerstner".

Marguerite E. Gerstner
Registration No. 32,695
Telephone (650) 361-2483



Under the Paperwork Reduction Action of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number

Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act. 2005 (H.R. 4818).

FEE TRANSMITTAL
For FY 2005**Complete if Known**☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 450.00)

Application Number	10/721,478
Filing Date	25-Nov-2003
First Named Inventor	Graves et al.
Examiner Name	K. Easthom
Art Unit	2832
Attorney Docket No.	MP1454-US10

METHOD OF PAYMENT (check all that apply)

- ☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____
- ☒ Deposit Account Deposit Account Number: 18-0560 Deposit Account Name: Tyco Electronics Corporation
- For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
- ☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
- ☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims
_____ - 20 or HP = _____	x _____	= _____	_____	Fee (\$) Fee Paid (\$)

HP = highest number of total claims paid for, if greater than 20

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
_____ - 3 or HP = _____	x _____	= _____	_____

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____ - 100 = _____	/ 50 = _____	_____ (round up to a whole number) x _____	= _____	_____

4. Other Fee(s)

Non-English Specification, \$130 fee (no small entity discount)

Other: 2-month extension for reply (37 CFR 1.17(a)(2))

450.00

SUBMITTED BY

Signature	<u>Marquerite E. Gerstner</u>	Registration No. (Attorney/Agent)	32,695	Telephone	650-361-2483
Name (Print/Type)	Marguerite E. Gerstner			Date	June 17, 2005

Certificate of Mailing (37 CFR 1.8)

I hereby certify that this paper or fee is being deposited with the United States Postal Service as first class mail in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date indicated below:

Date of deposit: June 17, 2005Name (printed): Marquerite E. GerstnerSignature: Marquerite E. Gerstner